

**Medi-Cal Provider Enrollment Branch**  
**Tips for Success**  
**How to Submit a Complete Medi-Cal Provider Application Package**

---

**General tips for all provider types and all applicants**

- Submit a complete application package. A complete application package consists of the appropriate application form, a *Medi-Cal Disclosure Statement*, a *Medi-Cal Provider Agreement*, and all the required attachments. Current forms are available on the Medi-Cal Web site at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov). Click the “Provider Enrollment” link.
  - Use current forms. Outdated forms are not acceptable.
  - Before completing the application forms, carefully read all form instructions.
  - Answer all questions, check boxes, lines, etc. Do not leave blank spaces. Enter “N/A” if not applicable.
  - Although stated as optional, including your Social Security Number (SSN) may hasten the application review process.
- 

**Change of business address**

- A change in service or business address requires submission of a complete application package (Application, *Medi-Cal Provider Agreement*, *Medi-Cal Disclosure Statement*, and required attachments). A *Medi-Cal Supplemental Application* is not acceptable.
  - Check the “additional business address” box and write “ADDRESS CHANGE” on the top of the application form.
- 

**Include all requested documentation in the application package**

Be sure to include legible and current copies of the required documentation listed below:

- Driver’s license or the state issued identification card. Enlarged copies are preferable.
  - Applicable medical license (pocket size).
  - Federal Employer Identification Number (FEIN) verification, if applicable.
  - Internal Revenue Service (IRS) document as requested in the form instructions. This is an IRS preprinted document showing the tax identification number (TIN) and legal name.
  - Professional (malpractice) liability insurance for all licensed or certified providers.
  - Liability (commercial/general) insurance for the location where services are rendered. Providers who deliver services exclusively in the licensed facility identified on the application are exempted.
  - Local permits and business licenses required for the type of business activity indicated.
- 

**If your business entity is a sole proprietor**

If your type of entity is a sole proprietorship and you are not using a TIN, then you must provide your SSN.

---

**If your business entity is a corporation**

If your business entity is a corporation, include the “*corporate number*,” state “*incorporated*” as required on the form, and attach a copy of the most recently filed Articles of Incorporation with the list of directors and officers, their titles, and percent of ownership and control interest.

If your corporation is also a non-profit entity, indicate as such by checking the box “☐ Other: \_\_\_\_\_” and writing “**Non-profit**” as well as including the corporation information. Also indicate if your non-profit organization is “government” or “non-government.”

---

<b>If your business entity is a partnership</b>	<p>If your business entity is a partnership, you may avoid delays in processing your application by indicating whether you are a General Partnership or Limited Partnership and including the following:</p> <ul style="list-style-type: none"> <li>• A copy of the most current Partnership Agreement and a list of all partners and their percent of ownership or control interest (for General Partnerships), or</li> <li>• Information identifying the General Partner, a copy of the most current Partnership Agreement(s), and a list of all partners and their percent of ownership or control interest (for Limited Partnerships).</li> </ul>
<b>Original signature is required</b>	<p>Verify that all forms and required attachments, including the <i>Medi-Cal Disclosure Statement</i>, have an original signature in ink – preferably <b>blue</b> ink.</p>
<b>Notary stamp and signature when required</b>	<p>Be sure the appropriate page of the application is notarized with stamp and signature, if applicable.</p>
<b>Advisory opinions</b>	<p>The Department of Health Services is unable to provide advisory opinions. If you are unclear about how to interpret Medi-Cal instructions or regulations, please contact your legal counsel for assistance.</p>
<b>Notification of receipt within 30 days</b>	<p>A letter acknowledging receipt of your application package will be sent to your business address in approximately 30 days. Please retain it in your file. The letter includes a six-digit document number. Please reference this number in any follow-up correspondence or telephone inquiry.</p>
<b>The status of your application</b>	<p>Please do not call the Provider Enrollment Branch (PEB) for the status of your application. Within 180 days following the receipt of your complete application package, you will receive written notification of one of the following:</p> <ul style="list-style-type: none"> <li>• The application is approved for enrollment as a provisional provider.</li> <li>• The application is incomplete and additional information is needed.</li> <li>• The application is referred for a comprehensive review and background check.</li> <li>• The application is denied with the reasons(s) for denial.</li> </ul>